- RETURN TO —

Kentucky Board of Nursing

DT Credentialing Program 312 Whittington Pky, Suite 300 Louisville, KY 40222-5172 502-329-7000 or 800-305-2042

Fax: 502-329-7011 Internet: kbn.ky.gov

LIST OF TECHNICIAN TRAINING PROGRAM GRADUATES

THIS LIST IS DUE WITHIN THREE DAYS OF PROGRAM COMPLETION

Print clearly using capital letters and black ink.

DT Training Program Graduates ——————	
This information documents that all requirements for the Dialysis T by the individual(s) listed below.	Technician Training Program were completed
DT Program Name:	
KBN Issued Program Code #:	
Actual Program Completion Date:	Total # Graduates Completing This Date:
Signature of Administrator/Other Representative —	
	Date of Signature:
	- -
- Alphabetical List of All DT Training Program Grad	uates ————————————————————————————————————
Use the space below to provide an alphabetical list of all person listed date. (Give full name, including maiden name, and socia continue the list as needed.	I security number.) Use the reverse side to
Full Name (Last, First, Middle Initial, Maiden)	Social Security # — KBN Use Only —
8/14/2001	